

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) John H Wimbley 165136
(Name of Plaintiff) (Inmate Number)

HAYCI
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

c/o vs.
(1) TERMAINE McREYNOLDS

(2) _____

(3) _____
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

- A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

I filed A CLASS ACTION LAWSUIT ON
ABOUT 9/26/07 IN UNITED DISTRICT COURT
CIVIL ACTION NO# 06-572 GMS THIS
LAWSUIT WAS GRANTED IN DISTRICT
COURT ON OFFICER BROWN AND SGT READ, ASSIGNED
JUDGE IS GREGORY M SLEET

07 - 179

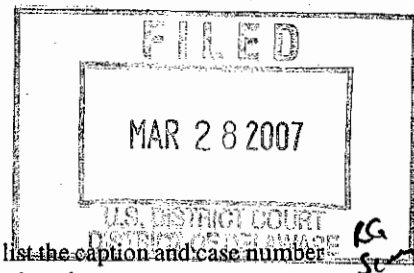
07 - 179

(Case Number)

(to be assigned by U.S. District Court)

CIVIL COMPLAINT

• • Jury Trial Requested 07 - 179



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes••No
- C. If your answer to "B" is Yes:
1. What steps did you take? _____
 2. What was the result? The officer upon hiself and then the copy in the trash
- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

(1) Name of first defendant: TERMAINE McREYNOLDS

Employed as guard at HRVCI

Mailing address with zip code: P.O. Box 9561 Wilmington, Del
19809

(2) Name of second defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(3) Name of third defendant: _____

Employed as _____ at _____

Mailing address with zip code: _____

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1. IN JULY I WAS TAKEN TO MEDICAL
by C/O Jermaine McReynolds IN HAND
cuffs for not taking my medications
white cuffed C/O McReynolds SLAMMED
my head INTO the WALL IN the Alcove
2. he ALSO USED HIS Fore-Arm to SMASH
my Face Repeatedly INTO the WALL by
placing it in the back of my Neck
THIS IS TRULY OFFICER MISCONDUCT
AND ACTIONS NEED TO BE TAKE

3. _____

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. I want to sue C/O Jermaine
McReynolds IN three individual compassionately
AND offishoul compassionately for.
200,000.00 dollars

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 31 day of 22, 2007

[Signature]
(Signature of Plaintiff 1)

[Signature]
(Signature of Plaintiff 2)

[Signature]
(Signature of Plaintiff 3)

①

FORM #584

GRIEVANCE FORM

FACILITY: HRY CI

DATE: 6/7/06

GRIEVANT'S NAME: John W Wimbley

SBI#: 165136

CASE#: _____

TIME OF INCIDENT: 930 AM

HOUSING UNIT: 1D-1

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

ON THE ABOVE DATE 6/7/06 THIS INCIDENT HAPPENED
AND I FILED TWO GRIEVANCES
IN JULY I WAS TAKEN TO MEDICAL BY % McREYNOLDS
IN HAND CUFFS FOR NOT TAKING MY MEDICATIONS!
WHILE CUFFED % McREYNOLDS FLAMMED MY HAND INTO THE
WALL IN THE ALCOVE! HE ALSO USED HIS FORE-ARM TO SMASH
MY FACE INTO THE WALL BY PLACING IT IN THE BASE
OF MY NECK! THIS IS TRULY OFFICER MISCONDUCT AND
ACTIONS NEED TO BE TAKEN AGAINST JERMAINE REYNOLDS

ACTION REQUESTED BY GRIEVANT: _____

GRIEVANT'S SIGNATURE: John Wimbley

DATE: 6/7/06

WAS AN INFORMAL RESOLUTION ACCEPTED?

_____(YES) _____(NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____

DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
GRIEVANT

Instructions for Submitting a Regular Grievance

Inmates are required, per DOC Procedure 4.4 [Inmate Grievance Procedure] to attempt to resolve complaints prior to filing a regular grievance. Grievances are to be submitted within seven(7) days from the date of the occurrence or incident or within seven days after the inmate became aware of the incident. The grievance is to be placed in the grievance box located in each housing unit.

Only one issue per grievance form will be addressed. If the grievance is submitted on a weekend or a holiday, it will be recieved during the next working day.

Return of Unprocessed Grievance

Intake Action: This Grievance Form is being returned to the inmate under the provisions outlined in DOC Procedure 4.4 "Inmate Grievance Procedure" for the following reason(s):

Vulgar/Abusive or Threatening Language. The language that is unacceptable has been highlighted. The grievance may be resubmitted omitting this language.

Non-Grievable. This issue has been defined as non-grievable in accordance with DOC Policy 4.4. These procedures have their own appeal process that must be followed. Disciplinary Action Parole Decision
Classification Action

Request. Requests are not processed through the grievance procedure. Please correspond with the appropriate office to secure the information that is requested.

Duplicate Grievance(s). This issue has been addressed previously in Grievance # _____.

Original Grievances must be submitted to the Inmate Grievance Chairperson. Photocopies are not accepted.

Inquiry on behalf of other inmates. Inmates cannot submit grievances for other inmates.

Expired filing period. Grievance exceeds seven(7) days from date of occurrence.

Inmate Grievance Chairperson

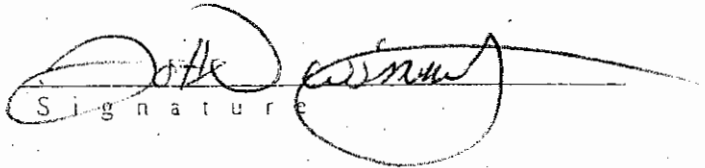
Date

A F F I D A V I T

State of Delaware }
New Castle County }

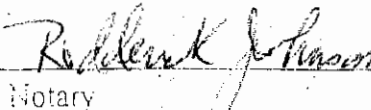
being sworn says:

In July I was taken to medical by C/O
McReynolds in hand-cuffs for not taking
my medications. While cuffed C/O McReynold
slamed my head into the wall in the
alcove. He also used his fore-arm to
smash my face repeatedly into the wall
by placing it in the bace of my neck.
This is truely officer misconduct and
actions need to be taken.


Signature

Sworn and subscribed before me this 2nd day of Feb, 2007

My commission expires on 14 day of June, 2007


Notary

PO BOX 9561
Wilmington Del 19809
M P C T F



02 1A \$00.870
0004615572 MAR 27 2007
MAILED FROM ZIP CODE 19802

TO: THE CLERK OF THE COURT
US DISTRICT COURT LOCK
Box 18 844 King Street
Wilmington Del 19801

LEGAL MAIL ONLY